



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O.H. METALS				Location 1002 OSWEGO ST UTICA NY				Date 12/14/86									
Facility Equipment L	Detox Clock L	Weapon No. L	Holster L	Nightstick L	Raincoat 1	Flashlight 1	Other												
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Kenneth Fialif			Officer—Swing Shift (Name) Off Del Vecchio			Officer—Grave Shift (Name) Kakoszki							
Shift Began 8:00 PM Ended 4 AM						Shift Began 4 AM Ended 12 PM			Shift Began 12 PM Ended 8 PM			Shift Began 8 PM Ended 4 AM							
Observations or actions taken						Observations or actions taken			Observations or actions taken			Observations or actions taken							
Rounds or stations missed						Rounds or stations missed			Rounds or stations missed			Rounds or stations missed							
Unlocked doors, gates or windows						Unlocked doors, gates or windows			Unlocked doors, gates or windows			Unlocked doors, gates or windows							
Unlocked vaults or safes						Unlocked vaults or safes			Unlocked vaults or safes			Unlocked vaults or safes							
Fire-smoke or hazards						Fire-smoke or hazards			Fire-smoke or hazards			Fire-smoke or hazards							
1. Extinguishers missing or defective						1. Extinguishers missing or defective			1. Extinguishers missing or defective			1. Extinguishers missing or defective							
2. Sprinkler system defective						2. Sprinkler system defective			2. Sprinkler system defective			2. Sprinkler system defective							
3. Fire doors or exits blocked						3. Fire doors or exits blocked			3. Fire doors or exits blocked			3. Fire doors or exits blocked							
4. Rubbish accumulation						4. Rubbish accumulation			4. Rubbish accumulation			4. Rubbish accumulation							
5. Motors running						5. Motors running			5. Motors running			5. Motors running							
6. Lights left burning						6. Lights left burning			6. Lights left burning			6. Lights left burning							
Injury hazards						Injury hazards			Injury hazards			Injury hazards							
Visitors						Visitors			Visitors			Visitors							
Trespassing						Trespassing			Trespassing			Trespassing							
Violation of company rules						Violation of company rules			Violation of company rules			Violation of company rules							
Remarks VISUAL CK. MADE OF PERIMETER OF BLDG. EVERY HR. (R.K.) Made rounds - checked premises, Bldg. to fence line every hr. all secure (N.H.) MADE VISUAL CHECK EVERY HOUR, LARGE HOLE IN FENCE ON OSWEGO ST (N.H.)																			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																			
1. Were you injured during this tour?		Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>	
2. Did you suffer any illness?		Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>	
3. Have you reported all accidents coming to your attention?		Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>	
Signatures		Day Shift 1. Kenneth Fialif						Swing Shift 1. Off Del Vecchio						Grave Shift 1. Dick Kakoszki					
Signatures		Day Shift 2.						Swing Shift 2.						Grave Shift 2.					
Signatures		Day Shift 3.						Swing Shift 3.						Grave Shift 3.					

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